


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2005 8:00 am
Secretary of State

03-04-2005 90092 029 ****61.25

DOCUMENT # 708134					
1. Entity Name ISLES OF CAPRI CIVIC ASSOCIATION, INC.					
Principal Place of Business 338 CAPRI BLVD NAPLES, FL 34113 US			Mailing Address 338 CAPRI BLVD NAPLES, FL 34113 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 23-7021161	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
WALTON, GINNY 124 E. HILO ST. NAPLES, FL 34113				Name <u>Hall, Ann B.</u> Street Address (P.O. Box Number is Not Acceptable) <u>338 Capri Blvd</u> City <u>Naples</u> FL Zip Code <u>34113</u>	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u>Ann B. Hall, Secretary</u> <small>Signature, typed or printed name of registered agent and title, if applicable. (NOT the registered agent signature required when reinstating)</small>				DATE <u>3/2/05</u>	
Filing Fee is \$61.25 Due by May 1, 2005			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WALTON, CHUCK		NAME		
STREET ADDRESS	124 E. HILO ST.		STREET ADDRESS		
CITY- ST- ZIP	NAPLES, FL 34113		CITY- ST- ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FRIEDRICK, RON		NAME		
STREET ADDRESS	118 W. HILO		STREET ADDRESS		
CITY- ST- ZIP	NAPLES, FL 34113		CITY- ST- ZIP		
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	WALTON, GINNY		NAME	<u>Treasurer</u>	
STREET ADDRESS	124 E. HILO ST.		STREET ADDRESS	<u>Skilern, Charlie</u>	
CITY- ST- ZIP	NAPLES, FL 34113		CITY- ST- ZIP	<u>159 W. PAGO PAGO DR</u>	
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HALL, ANN B		NAME		
STREET ADDRESS	103 W. PAGO PAGO DR.		STREET ADDRESS		
CITY- ST- ZIP	NAPLES, FL 34113		CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath: that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Ann B. Hall, Secretary</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>3/2/05</u> <u>239-389-4000</u> <small>Print the Phone #</small>		

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